

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 97

Registered No. 130

## 1. PLACE OF BIRTH

County GilaState Arizona

Township

or Village

City MiamiNo. 1214 Sullivan St

St.

Ward

2. Full name of child Albert Hernandez

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

{ If child is not yet named, make supplemental report, as directed

3. Sex Male

If plural births

## 4. Twin, triplet, or other

## 6. Premature

## 7. Legiti.

8. Date of birth June 23, 1932

(month, day, year)

## 5. Number, in order of birth

Full term

mate? yes

## 9. Full name

## FATHER

Antonios Hernandez

## 18. Full maiden name

## MOTHER

Guadalupe Avila

## 10. Residence (usual place of abode)

(If nonresident, give place and State)

Miami, Ariz.

## 19. Residence (usual place of abode)

(If nonresident, give place and State)

Miami, Ariz.11. Color or race Mex.12. Age at last birthday 29 (Years)20. Color or race Mex.21. Age at last birthday 17 (Years)

## 13. Birthplace (city or place)

(State or country)

Tombstone, Ariz.

## 22. Birthplace (city or place)

(State or country)

Amer. Girl, Camp, Calif.

## 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

## 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Mining

## 16. Date (month and year) last engaged in this work

## 17. Total time (years) spent in this work

## 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Housewife

## 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

## 25. Date (month and year) last engaged in this work

## 26. Total time (years) spent in this work

## 27. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

## 28. If stillborn, period of gestation

{ months or weeks

## 29. Cause of stillbirth

{ Before labor

{ During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9:25 P. M. on the date above stated (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Cyril M. Brown, M.D.

or \_\_\_\_\_, Midwife

Given name added from a supplemental report

(Date of)

189-623-712

Registrar

Address Miami, Ariz.Filed July 23, 1932 C. B. Brown

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.